

2008 K-CAPPIC SUMMARY

Achievements and future goals of the Shuseiki training program

In late 2006, Kanazawa University was selected to participate in a program of the Ministry of Education's Good Practice forum for physicians, with the aim of "providing for society's needs in rural medical care by nurturing high quality medical training". After 30 months of activities, our own program "K-CAPPIC" under Ministry supervision was officially concluded at the end of March. During this period, K-CAPPIC's most prominent achievement was the structuring of a new educational framework for clinical training in perinatal care and the cultivation of the perinatal health care environment on Ishikawa's rural Noto peninsula. Thanks to the cooperative efforts of numerous rural health care professionals, an environment that will attract young residents with an interest in obstetrics, gynecology and pediatrics has been put into place.

Our training structure, the "K-CAPPIC circuit", consisting of 1) problem based learning (PBL), 2) simulation training, and 3) rotational clinical training, has been established and is fully functional. In 2008 we had our first "graduating class" who completed the full program, starting with initial acceptance into the program in the second half of their 4th year of medical school, followed by 18 months of special pre-residency training during years 5 and 6 for "core group" members: clinical clerkship training including an international elective (as part of routine clinical training for 6th year students). Including 6th year students stimulated by the core group to join the program midway, a total of 14 students participated in the 2008 K-CAPPIC clinical clerkship. Of all clinical clerkship programs offered by the Kanazawa University School of Medicine, K-CAPPIC had the largest number of participants. As rotational training was conducted through not only city but also rural hospitals, private clinics, and even overseas training centers, these perinatal health care clerkships provided the opportunity for us to hear from both students and their preceptors about their opinions and aims, as well as what kind of preparation and environment was necessary for such training. We were particularly concerned at the deployment of the student clinical training, since in contrast to the past where the focus of training was on critically ill patients, these clerkships instead focus on outpatient gynecological examinations. Thus, rather than

shadowing a preceptor as they treat 20-30 patients, several students are grouped into a small medical team with their preceptor and over the course of half a day perform the whole range of a typical patient checkup, beginning with interviews and diagnoses, performing ultrasound and pelvic examinations, and finally offering guidance to patients. In this way, students who participate in the training encounter typical complaints from pregnant women such as constipation, candida infection, bloating, backache, vaginal abnormalities, morning sickness, etc, with a final result of experiencing “clinical training aimed at fostering the ability to handle common gynecological complaints”. This training improves participants’ hands-on expertise; as a result participants report a high level of satisfaction with our program.

In addition last year’s core group overseas visits to K-CAPPIC affiliated schools – University of Hawaii, University of Michigan, and SUNY Upstate Medical University – were not simply tacked on to the training program, but performed an integral role by giving students a chance to reconsider the Japanese system of perinatal care in comparison to other world-class systems. Another core group member secured a clerkship at Tudu, Vietnam’s largest obstetrical hospital, which permitted observation of perinatal management from the perspective of a developing Asian nation. The culmination of these activities was a symposium and rural health care conference in July in which core group members spoke about their experiences.

In order to sustain the Noto region health care structure, it was necessary to gather young staff by offering an attractive rotational training package. To effectuate “attractive” requires us to clearly understand the desires of today’s medical students and residents. According to a survey conducted by K-CAPPIC, more than 65% of students wished to gain Ob/Gyn and Pediatrics care skills, with nine in ten of those wishing to do so via learning primary care (see reference). This caught our attention and we thus made a concerted effort to make Ob/Gyn and Pediatrics integral parts of our study program structure. As a result, we were able to recruit family physician Dr. Tetsuya Yoshioka from the University of Michigan to a new post at Keiju General Hospital.

Having added to our curriculum medical education taught by primary care physicians posted to regional hospitals who are capable of handling Ob/Gyn and Peds, from 2009 our center will start full-fledged training with a collaborative care/education structure handling Ob/Gyn, Peds and Family medicine (see reference). This tailoring of our rotational training to meet students’ and residents’ educational desires resulted in Keiju

General Hospital's 4 freshman resident spots for 2009 being all filled by K-CAPPIC program graduates (see reference).

In addition, with an eye toward tackling the shortage of rural physicians, we also adopted the internationally successful simulation-based training of the American Academy of Family Physician's ALSO Program (Advanced Life Support in Obstetrics). ALSO is now present in 47 countries, with more than 50,000 trained in providing emergency obstetrical care; it operates in not only developed countries but in developing countries, where it contributes to the strengthening of obstetrical care management in areas that lack sufficient health care practitioners. Classes consist of small groups using mannequins in simulated emergencies – the obstetrical equivalent of CPR in programs like ACLS and BLS. ALSO Japan conducted the first Japanese ALSO course November 22-24, 2008 at our headquarters in Kanazawa; present as course advisor was US ALSO Program Advisory faculty member Dr. Gene Bailey of SUNY. 23 Japanese participants from both Japan and the US attended the Provider and Instructor courses. From 2009, as part of our plan to enhance obstetrical training and strengthen the rural health care system in Japan, we plan to offer ALSO courses throughout Japan.

Following the Ministry of Education's GP program (which ended in March of 2009), it was possible for us to officially transition into the Kanazawa University School of Medicine as an endowed chair with NPO status. The goal of the new chair is to continually improve the quality of the perinatal education syllabus via medical education research, and in addition those activities it will also serve as ALSO Japan headquarters (see reference). In order to establish a model enterprise supporting long-term, rural perinatal health, K-CAPPIC is leading new efforts emerging from Kanazawa University. In nurturing young spirits, we hope to be able to contribute to the future of Japan's rural health care.